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PTO/SB/21 (04-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/622,452
		Filing Date	October 30, 2000
		First Named Inventor	David B. Weiner
		Art Unit	1632
		Examiner Name	Ane Marie Sabrina Wehbe
Total Number of Pages in This Submission		Attorney Docket Number	UPAP0011-100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below)</small> 1. Paper Form of Sequence Listing 2. Sequence Listing on Diskette
<div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>Via Express Mail Express Mail No.: EL 963419867 US Date of Deposit: June 7, 2004</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Daniel M. Scolnick/52,201
Signature	
Date	June 7, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950)

Complete if Known

Application Number	09/622,452
Filing Date	October 31, 2000
First Named Inventor	David B. Weiner
Examiner Name	Anne Marie Sabrina Wehbe
Art Unit	1632
Attorney Docket No.	UPAP0011-100

JUN 14 2004

TECH CENTER 2002-2003

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 950)

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Daniel M. Scolnick	Registration No. (Attorney/Agent)	52,201	Telephone	215-665-6928
Signature					

Complete (if applicable)

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